

Department of Veterans Affairs

Pacific Islands Healthcare System (VAPIHCS)

PGY-1 PHARMACY RESIDENCY

A FOCUS ON AMBULATORY CARE

Overview



This ASHP accredited, Post Graduate Year 1 (PGY1) program is designed to develop practitioners with high levels of skills required to manage patient care as integral members of interdisciplinary teams. Graduates of this program will be successful in both clinical and academic positions. The VA clinics provide primary care as well as a wide variety of medical subspecialty care for Veterans throughout the Pacific Basin. Pharmacists manage patients with physicians and nurse practitioners in a practice that has evolved over 30 years. Residents will provide patient care as members of interdisciplinary teams. Residents will write progress notes, make pharmacotherapy adjustments and recommendations, order laboratory and other diagnostic tests, consult other services when indicated, and develop therapeutic and monitoring plans for patient follow-up. All clinical duties will be conducted under preceptor supervision. Most patients are managed by outpatient clinic visits, but telephone, and V-Tel follow-up is also part of the care provided. Residents will take an active, direct role in patient care in primary care teams through the medication management service. Patients are seen in these clinics for a wide variety of medical problems. Residents will also provide care as part of a Home-Based Primary Care, Mental Health, Long-Term Care, and Hospice and Palliative Care teams. Residents will have the opportunity to develop formulary management, pharmacy informatics, and administrative skills. Residents may choose electives from various other clinics based on preceptor availability, including Hepatitis C, Erythropoietin/Anemia, Women's Health, and Rural Health.

Completion of a project of the resident's choosing is a longitudinal requirement of this program. Residents work with a pharmacy staff mentor to plan, carry out, and evaluate the results of these projects. The resident's findings are presented at the Hawaii Pharmacists Association and/or Western States Pharmacy Residency Conference each year. A final manuscript of the project's results is a requirement for completion of the residency.

All goals and objectives of the PGY1 residency as specified by the American Society of Health-System Pharmacists accreditation standards are met by this Residency .



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ALL application materials must be uploaded to

PhORCAS no later than Tuesday, January 3rd, 2017

Application Procedures

Applicants must be a US Citizen and a graduate of an American Council of Pharmaceutical Education (ACPE) accredited School of Pharmacy. A Doctor of Pharmacy degree is preferable as it provides the applicant with the level of knowledge, skills, attitudes and abilities needed to meet program requirements. Applicants who have graduated from ACPE-accredited Bachelor of Science in pharmacy degree programs will be considered. Applicants must have an aptitude and motivation for patient care.

Some of the criteria considered in choosing residents include knowledge of professional practice, communication skills and ability to apply theory to practice, leadership ability, interest in the program, confidence, and professionalism.

Candidates are required to submit the following:

- A “letter of intent” stating why you are pursuing a residency position in our program (maximum 1 page in length)
- Current curriculum vitae
- Current OFFICIAL transcript from an accredited College of Pharmacy
- Three letters of recommendation. These should be from individuals capable of commenting on your professional capabilities, including: academic ability, communication skills, behavioral attributes (leadership, initiative, dependability, ability to handle multiple tasks, etc.), clinical problem solving skills, an assessment of potential capability to perform research, etc. All comments and information will be held in strictest confidence.

ALL application materials must be uploaded to PhORCAS (Pharmacy Online Residency Centralized Application Service) no later than Tuesday, January 3rd, 2017. The program will not notify the applicant of their application status (e.g., complete or incomplete). Applicants are strongly encouraged to check PhORCAS to ensure all application materials have been accepted in the system ensuring a complete application packet by the deadline. The Residency Program Director or designee will advise applicants with completed applications of their interview status (invite for a phone interview or no interview) by January 18th, 2016. Phone interviews will be conducted the week of January 23rd. Onsite interviews will be conducted February 13th through February 21st.

Please address all correspondence to: Hope Kimura, Pharm.D., BCPP, PGY1 Residency Program Director, Pharmacy Service (119), VA Pacific Islands Health Care System, 459 Patterson Road, Honolulu, Hawaii, 96819. If you have any questions, please email hope.kimura@va.gov or call (808) 433-0860.



**Program Code Number:
171513**



Required Rotations:

Primary Care — There are three primary care clinics at the main facility and seven Community Based Outpatient Clinics (CBOCs). Pharmacy services are provided in a Patient Aligned Care Team (PACT) model. At minimum, the teams consists of a clinical pharmacy specialist, pharmacy resident / student when scheduled, primary care provider, clinical dietitian, social worker, RN, LPN, and health care technician.

The resident will work regularly with the team to identify and resolve medication-related problems for all patients. Chronic disease states most commonly addressed during the rotation include diabetes, hypertension, and dyslipidemia. Under preceptor supervision, the resident will function as a mid-level practitioner working under a scope of practice and providing direct patient care.

Anticoagulation— The anticoagulation clinic identifies and resolves medication-related problems for all outpatients on anticoagulants provided by the VAPIHCS. Anticoagulants include warfarin, low molecular weight heparins, and direct oral anticoagulants (DOAC).

Home Based Primary Care - There are approximately 300 Home Based Primary Care (HBPC) patients. This service provides care to Veterans in their home. The team includes: physicians, nurse practitioners, nurses, clinical pharmacy specialists, pharmacy residents and/or pharmacy students when scheduled, a clinical dietitian, an occupational/physical therapist, social worker and psychiatrist. The resident will work regularly with the team to identify and resolve medication-related problems for all patients.

Mental Health — The mental health rotation consists of outpatient clinics at the main Ambulatory Care Clinic (ACC) Mental Health Clinic and Leeward CBOC. A VA inpatient unit is housed in the Tripler Army Medical Center Hospital located on ward 3B2. At minimum the teams consists of a clinical pharmacy specialist, pharmacy resident when scheduled, mental health nurse, psychiatrist, and social worker.

This rotation focuses primarily on pharmacy practice in the area of adult inpatient and outpatient psychiatry. The psychiatric disorders that are treated on these areas include depression, bipolar disorder, schizophrenia, schizoaffective disorder as well as various anxiety disorders and substance abuse disorders. The resident is closely involved as a full member of a treatment team and participates in a number of activities on the adult inpatient units.



Inpatient Operations - Inpatient pharmacy rotation exposes the resident to the operations of the pharmacy for Community Living Center residents. The resident needs to demonstrate competency in the areas of inpatient pharmacy during this rotation including intravenous (IV) admixture, unit dose, automated medication distribution machines, order processing and problem resolution. In addition to demonstration of competency, this rotation gives the resident the background necessary to provide basic pharmaceutical care to inpatients in other Community Living Centers and nursing homes. An understanding of the role of the pharmacist and the technician, as well as the systems and technology used for inpatients is developed. The resident is expected to understand the system and the formulary to support rotations such as long term care.

Long Term Care / Palliative Care - Long term care (LTC)/Palliative Care rotation is located in the VAPIHCS's Community Living Center (CLC). The team includes providers, geriatric fellows, medical residents and/or medical students when scheduled. Other disciplines on the team include the clinical pharmacy specialist, pharmacy residents and/or pharmacy students when scheduled, a clinical dietitian, the primary nurse, MDS coordinator, chaplain, speech therapist, physical therapist, social worker and psychologist. The resident will work regularly with the team to identify and resolve medication-related problems for all patients.

Outpatient Operations - The outpatient pharmacy provides services to the onsite clinic patients. The outpatient prescriptions are reviewed for appropriateness and are sent to a VA Centralized Mail Order Pharmacy (CMOP) or filled locally.

The Outpatient pharmacy rotation familiarizes the resident with the operations of the pharmacy for ambulatory patients. It is critical to gain skills in the outpatient pharmacy before going to the primary care learning experience. During this experience, the resident needs to demonstrate competency and proficiency in the review of prescriptions for appropriateness and completion so they can be sent to CMOP or filled locally according to the Joint Commission standards. The resident must demonstrate the ability to identify and resolve drug-therapy related problems in the outpatient pharmacy. This rotation gives the resident the background necessary to provide pharmaceutical care to ambulatory patients in other rotations. An understanding of the role of the pharmacist and the technician, as well as the systems and technology used for outpatients is developed.



Elective Rotations (subject to preceptor availability):

Erythropoiesis Stimulating Agents (ESA)/Dialysis Clinic – There are approximately 30 patients in the Erythropoiesis Stimulating Agents (ESA)/clinic who are referred to the clinic via consult.

Under the preceptor's guidance, the resident is responsible for ensuring safe and effective ESA therapy for all patients consulted to the clinic through review of all patient charts, collaboration with pharmacy to assure timely medication availability and nurses for administration of the injections, education of patients and their family members, education of physicians and nurses, and education of pharmacy trainees, and participation on organizational, pharmacy department and nursing unit-based medication policy and continuous quality improvement committees.

Pain Management - This learning experience requires the resident to develop the knowledge and skills necessary to provide pharmaceutical care to patients with chronic pain. The resident will participate as a member of the multidisciplinary pain management team and assess, develop, and implement drug therapy plans for patients. The resident will gain the skills needed to accurately assess patient responses to medications, identify and prevent drug interactions and adverse events, and effectively communicate recommendations to members of the health care team. The resident will promote the quality, completeness, and continuity of pharmaceutical care provided to patients by developing and/or applying evidence-based treatment guidelines.

Rural Health – The learning experience for rural health takes place at Community Based Outpatient Clinics (CBOC) on the neighbor islands. The purpose of the CBOC is to provide easier access to health care to Veterans in rural areas.

This learning experience requires the resident to develop skills used to provide pharmaceutical care in a rural ambulatory clinic setting. Patients may be referred by other healthcare providers within the clinic or proactively identified for pharmaceutical care intervention by the clinic pharmacist. Activities will focus on assisting patients in reaching therapeutic goals through drug therapy management and follow-up monitoring. The resident will adhere to the principles of evidence based disease state management and identify and apply appropriate treatment guidelines to patient care.

The resident will be involved in managing many dual-care Veterans and will work under the Patient Aligned Care Team (PACT) model. The resident may also assist with medication renewals and CII medication requests. Chart reviews, patient interviews, and brown bag interviews will also be conducted to assure safe and accurate medication use.

Under the preceptor's guidance, the resident will serve as the primary drug information resource for the ambulatory care clinic. In addition to patient education, the resident will provide drug therapy lectures to clinic staff (as assigned) and respond to drug information requests.



Hepatitis C - Primary functions during this rotation include patient evaluation for hepatitis C virus (HCV) treatment and follow-up, treatment initiation for HCV and management of adverse effects related to treatment, monitoring patient adherence to prescribed medications, evaluating treatment efficacy and adverse effects, initiating medication adjustments per approved protocol, counseling patients on the proper use of prescribed medications, and providing drug information.

Academic Detailing - Academic Detailing is an education focused rotation intended to help meet the learning needs of primary care physicians, clinical pharmacists, and other healthcare professionals. Residents may provide clinical education sessions in individual or small-group settings in primary care clinics, but will primarily be responsible to translate evidence-based medical information into clinically relevant knowledge that can be used to optimize prescribing patterns and, ultimately, patient outcomes.

Women's Health - The resident will work closely with the Women's Health providers to provide optimal care for the women Veterans. The resident will be expected to become familiar with issues encountered over a woman's lifespan, including contraception, pregnancy, and menopause. The resident will serve as the primary drug information resource for the Women's Health Clinic.





Required Longitudinal Rotations:

Practice Management — The setting for this practice management experience is the entire pharmacy department/service and the institution as a whole. The pharmacy operates as an integral part of the health care system with the mission of providing effective, timely, and cost-effective drug therapy. Interactions within the department and the institution require excellent communication skills, understanding of teamwork and systems, negotiation, providing and listening to feedback/customer needs and continued efforts to improve healthcare and services.

The practice management experience is longitudinal. The longitudinal experiences include practice management projects, performance improvement activities, medication use evaluations, policy development/improvement, Pharmacy and Therapeutics (P&T) committee participation and other relevant experiences that occur.

The longitudinal experience further exposes the resident to the role of the Chief, Pharmacoeconomics, and Drug Informatics Pharmacists. Personnel and financial/operational management is covered with the Chief of Pharmacy.

The resident will gain experience in Drug Informatics by developing a basic understanding of the Computerized Patient Record System (CPRS); Computerized Prescriber Order Entry (CPOE), Bar Code Medication Administration (BCMA), pharmacy order entry systems, medication storage and retrieval devices, remote dispensing through tele-pharmacy, and automated filling, packaging, and delivery system interfaces, clinical drug databases, and clinical decision support. Depending on the service's initiatives throughout the year, the resident may be involved with the planning and implementation of new systems or upgrades of existing systems. The resident will gain pharmacoeconomics knowledge through involvement in a variety of duties during this rotation, including the implementation of pharmacoeconomic conversions, review of non-formulary drug requests for appropriateness, safety, and cost-effectiveness, compiling monthly non-formulary reports, monitoring medication utilization to identify areas for improvement and potential cost-savings, management of national and Veteran Integrated Service Network (VISN) cost-saving initiatives, and managing the required tasks needed locally to attain goals of pharmacy performance measures. Requirements for completion of this rotation include completion of criteria for drug use if assigned, clinical reviews pertaining to non-formulary or restricted medication requests, and a medication use evaluation.

Patient Care — The patient care longitudinal experience is conducted in the setting of the pharmacy services including operational services (inpatient and outpatient staffing), anticoagulation, and long term care. See individual rotations for more details on the services.

Longitudinal patient care includes residency staffing requirements. Residents are required to staff the outpatient pharmacy on alternating weekends throughout the year.

Other longitudinal requirements may include CLC resident management (follow nursing home residents and write their monthly medication reviews throughout the year), HBPC Quarterly chart reviews, and conduct initial and follow up anticoagulation visits.



Other Resident Activities

Major Project – The major project is conducted in the setting of the institution and is selected to improve patient care or other processes at the VA.

The major project teaches the resident project management skills. It requires the development of an idea into a feasible project, writing a proposal, obtaining the necessary approvals, implementing the project, analyzing the results, writing a manuscript suitable for publication, and completing the documents required for manuscript submission to the selected journal. The project manuscript is the culmination of the year-long project which is evaluated throughout the year in the longitudinal experience. The manuscript is required for graduation from the program. The resident will have periodic contact with the Residency Program Director, Major Project Preceptor and/or an assigned project advisor to choose an idea, develop it into a proposal, prepare for P&T and/or research department approval, implement the proposal, analyze the data, select the forum for presentation/publication, and prepare the presentations/publications.

In-Services - The resident will present a minimum of one formal presentation for each rotation during the year on a topic of the resident's choosing. The purpose of the formal presentation is to improve the resident's ability to communicate effectively and to increase the resident's familiarity with various types of literature associated with pharmacotherapy. The resident will provide an oral presentation to peers to provide an opportunity for education for the staff.

Journal Club - Residents are required to attend and participate in the Pharmacy Residency Journal Club. Residents present journal articles and support interactive discussions of presented articles during most of their clinical rotations.